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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0811-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/834,747
		Filing Date	April 13, 2001
		First Named Inventor	STERNBERG, HAL
		Group Art Unit	1616
		Examiner Name	Choi, Frank I.
Total Number of Pages in This Submission	12	Attorney Docket Number	BIOT-008
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form In Duplicate <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):	
<input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)			
<input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual Name	SUSAN C. TALL, Reg. No. 52,272		
Signature			
Date	December 9, 2003		

CERTIFICATE OF FACSIMILE TRANSMISSION	
I hereby certify that this correspondence is being facsimile filed under 37 C.F.R. §§ 1.6(d) and 1.8(a)(1)(b) addressed to: (703) 872-9306 on this date: December 9, 2003.	
Typed or printed name	Martha Cisneros
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Date	December 9, 2003

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PTO/SB/17 (10-03)

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FEE TRANSMITTAL for FY 2004				Complete If Known																																															
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The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments																																																			
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Susan C. Tall	Registration No. (Attorney's Use)	52,272
Signature		Telephone	(854) 833-7717
		Date	12/09/2003

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